Family Policy Council

The Family Policy Council is a family-community-state partnership that involves communities in reducing child out-of-home placements plus one or more of seven interrelated problem behaviors: child abuse and neglect, domestic violence, youth substance abuse, teen pregnancy and male parentage, youth violence, youth suicide and dropping out of school. The Family Policy Council works to effect systemic changes that improve service quality and results, improve system effectiveness, and involve the citizenry in building their community's capacity to reduce the rates of the problem behaviors.

Collaborative councils at the local and state levels compose the structure of the Family Policy Council partnership, with the state council having oversight responsibility for the local boards. Statute specifies the ten members of the Family Policy Council:

- Representatives of the Governor and Superintendent of Public Instruction,
- Four legislators (Senator Jim Hargrove (D), Senator Val Stevens (R), Rep. Mary Lou Dickerson (D), Rep. Jim Dunn (R)),
- The executives of four state agencies – Social and Health Services, Health, Employment Security, and Community, Trade and Economic Development.

There are currently 36 state funded Community Public Health and Safety Networks. Community Networks are special-purpose entities formed by the state whose 23 board members represent a mix of citizens with no fiduciary interest in any social, public health, justice, or education system and professionals from those systems plus local government and the faith community. Each Community Network has a public fiscal agent (county, city, educational service district, etc.) that assures responsible use of public funds. Local Community Networks create planned variation to the public and private service system – each community decides and measures what will work – to improve the lives of families and children.

2007-2009 Strategic Plan Goals, Objectives and Strategy

Goal

Decrease the rates of locally prioritized problem behaviors in communities with state funded Community Public Health and Safety Networks.

Objectives

A. Decrease the compounding effect of adverse childhood experience (ACE) that both epidemiology[i] and neurobiology[ii] research have shown to cause mental, behavioral and physical illness.

   Categories of adverse childhood experience included in these two bodies of research are: child physical, sexual, or emotional abuse; living with a mentally ill, depressed or suicidal person in the home; having a drug addicted or alcoholic family member; witnessing domestic violence against the mother; loss of a parent to death or abandonment, including abandonment by divorce; and, incarceration of any family member.

B. Improve the constellation of risk/protective factors that are predictive of problem behaviors.

   Each problem behavior has an associated body of research identifying risk and protective factors (antecedents) for the problem. The Family Policy Council uses research findings as the basis for selecting factors to improve.

STRATEGIES WITH ASSOCIATED ACTIVITIES

1. Re-focus collaborative efforts to stop the compounding effects of adverse childhood experience (ACE).

   The greater the number of categories of adverse childhood experience, the greater the likelihood of problem behaviors, disease, morbidity, and early death. In addition to harm caused directly by ACEs, many children adapt to child maltreatment and other ACEs in ways that result in peer or adult criticism or rejection, school failure, etc. that can escalate into a social call and response pattern that increases negative impacts to child development. The Family Policy Council works to reduce the mean number of ACEs in the child population, and to improve the call-response pattern for children who experience multiple categories of ACE.

   Activities
   a. Shift to proven practice whenever there is a fit with population conditions and needs,
   b. Shift existing program focus to reduce ACEs and associated harm,
   c. Develop practice improvements based on multiple bodies of current research,
   d. Provide assistance and training to improve practice fidelity and adult awareness of the effects of ACEs,
   e. Improve evaluation methods and use of evaluation to increase effectiveness,
   f. Raise non-state dollars and volunteer time.

2. Improve conditions that increase population risk with a focus on prevention and early intervention.
   a. Focus primary and secondary prevention efforts to build child resilience,
   b. Improve youth preparation for parenting young children (pre-conception) by building skills, knowledge and behavior necessary for great parenting into universal-access youth programs,
   c. Mobilize grassroots efforts to improve neighborhood conditions – provide leadership training and support, raise funds to support neighborhood problem solving, create and strengthen partnerships between residents and professionals.

3. Evaluate and improve the effectiveness of systems of child and family serving programs and informal (neighbor to neighbor) efforts.
   a. Provide competitive grants to selected Community Public Health and Safety Networks for Review of Community Efforts (Program Review RCW 70.190.110). Provide technical assistance in performance auditing, complex systems diagnosis, identification of leverage points to improve system dynamics, and pilot project development, implementation, and outcome evaluation.
   b. Provide technical assistance and small incentive grants to improve capacity for collaborative problem solving. These funds would help to develop knowledge, skills and collaborative leadership abilities in communities that lost state funding for their Community Public Health and Safety Network, tend to be non-competitive for grant funds, but have tremendous child and family needs.
   c. Convene periodic community dialogues to develop purposeful community action agendas and to dramatically increase resource for helping children by harnessing the many unique ways each person and group can contribute to child and family thriving.
   d. Facilitate communication between successful local communities and Family Policy Council member agencies, and among the member agencies, to inform state-level policy improvements that will lead to better outcomes among children and families in Washington.

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[i] The Adverse Childhood Experience Study (ongoing collaborative research of the Centers for Disease Control and Prevention, and Kaiser Permanente); Dr Robert Anda and Dr. Vincent Felitti, co-principal investigators. This study examines the health and social effects of Adverse Childhood Experiences throughout the lifespan among 17,421 members of the Kaiser Health Plan in San Diego County.

[ii] The Enduring Effects of Abuse and Related Adverse Experiences in Childhood; a Convergence of Evidence from Neurobiology and Epidemiology; 2005; Robert Anda, Vincent Felitti, J. Douglas Bremner, John Walker, Charles Whitfield, Bruce Perry, Shanta Dube, Wayne Giles. Plus the ongoing research of Dr. Martin Teicher, Associate Professor of Psychiatry at Harvard Medical School and Director of the Developmental Biopsychiatry Research Program at McLean Hospital.